

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <i>7843</i>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004 Through <input type="text"/> / <input type="text"/> / <input type="text"/> 2004
3. Name and address of person filing. Name: Patrick K. Davis P.O. Box, Bldg., Room No., if any Street: 443 Broadneck Road City: Annapolis State: Maryland ZIP Code + 4: 21409	4. Name, file number, and address of labor organization. Name: International Union Of Bricklayers & Allied Cr Labor Organization File Number: 000-34 P.O. Box, Building and Room Number, if any: Suite 600 Street: 1776 RYE Street City: Washington State: District of Columbia ZIP Code + 4: 20006
5. Position in labor organization: Audio Visual Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	B. Name and address of Employer (including trade name, if any).	C. Nature of Interest, Transaction, or Income.
	Name: _____ Trade Name, If Any: _____ P.O. Box, Bldg., Room No., if any Street: _____ City: _____ State: _____ ZIP Code + 4: _____	D. Amount. <input type="text"/> <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 08/10/2005

Date

202-518-8459 ext. 1003

Telephone Number

Name of Person Filing Patrick Davis

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., If any: _____

Street _____

City _____

State _____ ZIP Code + 4 _____

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street _____

City _____

State _____ ZIP Code + 4 _____

9. Business deals with:

 a. Labor Organization b. Trust c. Employer

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Sheraton Bal Harbour Hotel

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 9701 Collins Avenue

City Bal Harbour

State Florida ZIP Code + 4 33154

14.a. Nature of payment

Dinner Meeting 2/11/2004 (Received Food and Transportation Only! Approximately \$50.00 value.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

\$50